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CALIFORNIA STATE JOURNAL OF MEDICINE

BUTLER BUILDING, SAN FRANCISCO

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California State Journal of Medicine.

Owned and Published Monthly by the

Medical Society of the State of California

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order that mailing list and addresses in the Register may
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VOL. IX NOVEMBER, 1911. No. 11

EDITORIAL NOTES.

The conditions in which icterus is observed are so numerous as to lead to much controversy in regard to its pathogenesis. Apart from those cases due to pure mechanical obstruction, icterus may possibly be due to swelling of the liver cells themselves, causing a narrowing of the finer bile ducts and rendering the passage of abnormally viscid bile quite difficult. In toxæmic cases, this action is quite probable, the increased blood destruction leading to excessive formation and inspissation of the bile.

There is to date no definite confirmation of Minowski's ingenious hypothesis that, under certain conditions, perverted function of the liver cells may bring about the discharge of bile into the lymph and blood, in the complete absence of any obstruction.

We have long had experimental proof that massive destruction of erythrocytes by hemolytic poisons could produce icterus. The much-wished-for clinical proof has been furnished by the work of Chauffard and confirmed by that of Widal, Abrami, Brulé, Oettinger of Paris, Parkes-Weber of England and von Stejskal of Austria (to mention only the pioneers).

It was shown that in a number of cases there exists a marked fragility of the red blood corpuscles on exposure to hypotonic solutions of sodium chlorid. There is also a decrease in the average size of the

red blood corpuscles, and on vital staining, peculiar basophilic granulations of the erythrocytes are seen, their occurrence being interpreted as an indication of active blood regeneration.

"Hemolytic jaundice" is now accepted by most clinicians as a distinct clinical entity, and is here considered as such.

A number of the patients are congenitally icterics, and the disease sometimes occurs in families. Jaundice may come on immediately after birth or not until puberty. There is always a moderate anemia, in spite of which subjective symptoms are usually absent. Icterus is usually not intense; there are no signs of obstruction of the bile ducts, and symptoms of cholemia, such as bradycardia, pruritus, xanthomas and hemorrhages are likewise absent in spite of the presence of bile pigment (but not of urobilin) in the blood. The stools are highly colored, the urine contains no bile. The spleen is practically always enlarged in the congenital cases. It is probable that some so-called splenic anemias are really instances of this disease.

In the acquired hemolytic icterus the anemia is far more intense, and, curiously enough, the corpuscular fragility is not so marked as in the congenital type. In addition, an auto-agglutinative power of the serum is at times observed. The most important forms of the acquired type may simulate (1) cholelithiasis, (2) pernicious anemia with jaundice, (3) chronic infectious cholangitis, (4) splenic anemia or (5) icterus gravis. (The recognition of the acquired types is particularly important, because some of them can be greatly improved if not cured by the persistent administration of iron.)

It is impossible to say where the hemolysis occurs; some insist that it is in the spleen (and report cases cured by splenectomy), others that it is in the blood. At any rate, the important problem as to the primary cause of the condition is certainly at present impossible of solution.

But little attention has been paid to this subject in American literature. It is hoped that Thayer's review in the Johns Hopkins Bulletin will be consulted by those encountering similar cases. The laboratory tests for corpuscular fragility are a trifle tedious, but not at all difficult of execution in hospital, as the writer can testify. René Bine.

Some of us will never cease to stand aghast at the ease with which anxious families are placated with polysyllabic reverberations. This pregnable quality of human nature, the awe of the unknown, is seized upon by many a practitioner of many patients and fewer morals,

cedure which can be done only in a big laboratory and with many different indicators. This procedure might be more popular with the general practitioner if writers would conceal their erudition and show how simply the estimation can be made on one small specimen of stomach contents with only dimethyl-amidoazo-benzol and phenol-phthalein as indicators. Free HCl and the total acidity are the important things.

The 60 pages devoted to gastric and intestinal neuroses do little more than duplicate and confuse the descriptions of organic diseases described before. The treatment for all these is practically that advised for a case of gastric atony with general lack of tone and under-nutrition. The only apology for so many of these chapters seems to be that there are such terms as gastric hyperesthesia, enteralgia, gastro-intestinal neurasthenia, etc., in the vocabulary and each one of these names must have a disease attached to it or the work would not be complete. Here we not only find an article on gastric neurasthenia, but on page 962 we read that neurasthenia tends to derange the digestive functions, etc. Now, how are we to know when the patient is neurasthenic and when his intestines are neurasthenic? Under neuroses of the intestine, the author describes meteorism for the second time, but all unconscious of humor, enumerates as causes: 1. "A local obstruction, such as a twist, etc.," Again, under neuroses of the stomach we find: "The commonest cause of this condition (pyloro-spasm) when it is not due to ulcer, is a hyperacidity of the stomach contents," which he might have added, may also be due to ulcer. Examples might be multiplied to show what a curse our nomenclature is to the book-writer and to the physician who is trying to identify the symptom-complex of the patient before him.

In his efforts to bring the book right up to date, the author has given considerable space to the glycyl-tryptophan reaction, the meiostagmin reaction, and the trypsin and Hodenpyl treatments for carcinoma, all of which were discredited shortly after their publication. After this ultra-modernity we are surprised to find in the article on gastric tetany no mention of the role that calcium and the parathyroids may play in such affections. The section on the physiology of digestion is very inadequate and apparently uninfluenced by the work of Pavlov, Bayliss and Starling, Cannon and the later workers.

When we note on page 102 that the way to take a Bismuth picture is to give a drachm 2-3 times a day for two days, we are not surprised that there is no mention of the work of the German radiologists on the size and position of the stomach in health and disease and in various positions. Their pictures of the living functioning stomach must slowly replace those of the flabby dilated organ seen at autopsy, and their methods will be used more and more by the diagnostician.

Reed is one of the few American authors who seems to fully realize the value of clapotement in mapping out the stomach and diagnosing atony and ptosis. He advocates, however, the use of the gyromele and gastro-diaphane, instruments which probably deserve their general desuetude. He wisely points out that too much confidence must not be placed in the results of a single test meal.

His system of progressive diets does not take into account the individuality necessary in diet prescribing. Many of his observations, however, are very sound. He warns against the danger of over-restricting diets in people already under weight.

He puts more faith in electric treatment than most of us do, and in reading his case reports, we are inclined to believe that his results are due more to his good dieting and general care than to faradization with the author's intra-gastric electrode and galvanism with the author's rectal electrode, etc. Spondylotherapy and some other new things

are enthusiastically received, but the corset is spoken of only as the root of all evil.

No mention is made in the article on gastric ulcer of those relatively frequent cases in which a diseased appendix, adhesions or some other hidden cause produces the symptom-complex of ulcer, even to severe hemorrhages, without any ulcer demonstrable at operation.

Under "Chronic Catarrh of the Intestines," the author gives a good description of mucous colitis as it is usually seen and advises an unirritating diet. Out of respect to the nomenclature, however, he describes practically the same symptom-complex again under the heading of "Mucous Colitis." Here, in deference to v. Noorden, he advocates the coarse diet. However, he adds that if there is any real enteritis present we had better keep to the mild diet with rest, over-feeding and oil enemas. He doesn't say, however, just how to tell when it is a neurosis and when it isn't. He has also noted that a coarse, irritating diet may even aggravate constipation in these cases and that is certainly increases the pain and flatulence. Poor old Paulus Aegineta and the score of Latin writers enumerated in the article on Colitis in "The Med. and Surg. Hist. of the War of the Rebellion" would stir in their graves if they could read that mucous colitis "was studied by American writers before it had attracted special attention abroad."

As is usually the case with books, we wish the author had been less generous with the ideas of his friends and co-workers, and had given us more out of his own rich clinical experience. Although much of the material included may be poorly chosen, the book is certainly a storehouse of information on the subject and would be especially valuable to the man at some distance from a library. W. C. A.

NEW MEMBERS.

Urban, Kurt, Petaluma.
Miller, J. P., Sebastopol.
Duncan, J. F., Exeter.
Knowlton, J. J., Modesto.
Whittington, W., Dinuba.
Dungan, J. F., Exeter.
Gundrum, F. F., Sacramento.
Cross, Hugh, Penngrove.
Miller, A. L., Marysville.
Hund, Harry O., San Rafael.
Miller, B. F., San Diego.
Wells, S. J., Pleasanton.
Adams, Jno. E., Oakland.
Slaughter, K. J., Folsom, Cal.
Cothran, W. F., Crows Landing.
Tolman, G. P., Watsonville.
Mallory, G. W., Santa Rosa.
Milliken, Wm. P., Oakland.
Reud, Wm. Robt., Oakland.
Dupinct, L. R., Oakland.
Buchanan, R. A., Lodi.

RESIGNED.

Reed, Boardman, Alhambra.
Newkirk, Garrett, Pasadena.
Van Dyke, E. C., San Francisco.
Whiffen, R. A., San Jose.

DEATHS.

Brownell, Emily A. V., Hayward.
Perry, J. B., San Lorenzo.
Garwood, W. T. (address unknown).
Cope, Wm. Henry, Pleasanton.
Rofelty, G. W., Los Angeles.
Jenison, M. G., Hollywood.
Ferguson, T. H., Gridley.
Cunningham, C. McD., San Francisco.
Mills, J. M., Arcata.
Hall, Joseph H., Los Angeles.
Stanley, H. B., Tuolumne, Cal.
Richards, Jas. Richard, San Diego (August licentiate, 1911).
Gibbons, Henry J., San Francisco.
McIntyre, B., Lone Pine.
Griffith, E. M., Los Angeles.

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Butte County Medical Society.....	D. H. Moulton, Oroville.....	Ella F. Gatchell, Chico.....	2d Tuesday
Contra Costa County Medical Society.....	C. R. Blake, Richmond.....	F. Rattan, Martinez.....	2d Sunday every month
Fresno County Medical Society.....	V. P. Miller, Fresno.....	L. R. Willson, Fresno.....	1st Tuesday
Humboldt County Medical Society.....	J. M. Chain, Eureka.....	C. W. Mills, Arcata.....	2d Tuesday
Imperial County Medical Society.....	J. V. McCombs, El Centro.....	J. L. Cook, Brawley.....	3d Monday
Kern County Medical Society.....	H. J. Rogers, Bakersfield.....	F. A. Hamlin, Bakersfield.....	Friday, except July, Aug. & Sept.
Los Angeles County Medical Society.....	V. J. Barlow, Los Angeles.....	Geo. H. Kress, Los Angeles.....	Every Thursday
Marin County Medical Society.....	F. J. Hund, Ross Station.....	H. O. Howitt, San Rafael.....	Meets quarterly
Mendocino County Medical Society.....	F. E. Allen, Talmage.....	L. H. Woolson, Merced.....	1st Thursday
Merced County Medical Society.....	E. S. O'Brien, Merced.....	H. T. Crabtree, Salinas.....	1st Saturday
Monterey County Medical Society.....	T. C. Edwards, Salinas.....	O. T. Schultze, Napa.....	1st Tuesday
Napa County Medical Society.....	F. C. Newton, St. Helena.....	John Wehrly, Santa Ana.....	1st Tuesday
Orange County Medical Association.....	J. M. Burlew, Santa Ana.....	G. H. Fay, East Auburn.....	1st Saturday every 2d month
Placer County Medical Society.....	J. G. Mackay, Truckee.....	G. E. Tucker, Riverside.....	2d Monday
Riverside County Medical Society.....	A. W. Walker, Riverside.....	E. H. Pitts, Sacramento.....	3d Tuesday
Sacramento Society for Medical Improvement.....	G. W. Dufficy, Sacramento.....	F. O. Nash, Hollister.....	1st Monday
San Benito County Medical Society.....	L. C. Hull, Hollister.....	C. E. Ide, Redlands.....	2d Tuesday
San Bernardino Medical Association.....	G. G. Mosely, Redlands.....	B. J. O'Neill, San Diego.....	1st and 3d Thursdays
San Diego County Medical Society.....	I. D. Webster, San Diego.....	Rene Bine, San Francisco.....	2d Tuesday
San Francisco County Medical Society.....	Wm. Ophuls, San Francisco.....	J. P. Hull, Stockton.....	4th Friday, except July and August
San Joaquin County Medical Society.....	B. F. Walker, San Joaquin.....	R. M. Bradbury, San Luis Obispo.....	1st Monday every 2d month
San Luis Obispo County Medical Society.....	H. M. Cox, San Luis Obispo.....	W. C. Baker, San Mateo.....	3d Wednesday
San Mateo County Medical Society.....	F. M. Seibert, Mayfield.....	T. A. Stoddard, Santa Barbara.....	2d Monday
Santa Barbara County Medical Ass'n.....	B. Bakewell, Santa Barbara.....	W. T. McNary, San Jose.....	3d Wednesday
Santa Clara County Medical Society.....	Jonas Clark, San Jose.....	S. T. Pope, Santa Cruz.....	1st Monday
Santa Cruz County Medical Society.....	I. C. Bush, Santa Cruz.....	B. F. Saylor, Redding.....	Meets quarterly
Shasta County Medical Society.....	E. T. Legge, McCloud.....	J. J. Hogan, Vallejo.....	3d Wednesday
Solano County Medical Society.....	P. E. Fry.....	Jackson Temple, Santa Rosa.....	1st Friday
Sonoma County Medical Society.....	J. W. Seawell, Healdsburg.....	F. L. Doane, Red Bluff.....	
Tehama County Medical Society.....	H. H. Zimmerman, Red Bluff.....	C. F. English, Sonoma.....	
Tuolumne County Medical Society.....	E. E. Wilson, Greenville.....	R. W. Avery, Oxnard.....	1st Monday
Ventura County Medical Society.....	T. E. Cunnane, Ventura.....	Frances L. Newton, Woodland.....	1st Tuesday, except July, Aug., Sept.
Yolo County Society for Medical Improvement.....	W. E. Bates, Davisville.....	G. W. Stratton, Marysville.....	Meets quarterly
Yuba-Sutter Counties Medical Society.....	J. H. Barr, Marysville.....		

N. B.—Secretaries will please notify Journal office of any changes taking place in their respective county.